

MAY 03 2006

Atty Docket No. 16869S-091000US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Michael Le

Group Art Unit 2163

## OFFICIAL COMMUNICATION

**MAIL STOP: RCE**

### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Nobuyuki SAIKA, et al., Application No. 10/649,124, filed August 26, 2003 for METHOD AND PROGRAM FOR STORING PERFORMANCE DATA, AND SYSTEM USING THE SAME are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

#### Documents Attached

1. Transmittal Form
2. Request for Continued Examination (RCE) Transmittal
3. Amendment

Number of pages being transmitted, including this page: 11

Dated: May 3, 2006

  
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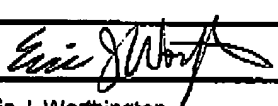
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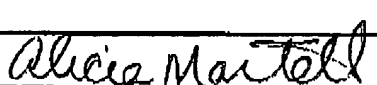
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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/649,124
	Filing Date	August 26, 2003
	First Named Inventor	SAIKA, Nobuyuki
	Art Unit	2163
	Examiner Name	Michael Le
	Attorney Docket Number	16869S-091000US
Total Number of Pages in This Submission		10

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
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Date	May 3, 2006	Reg. No. 50,910

CERTIFICATE OF TRANSMISSION/MAILING	
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